

**TDEFIC RFP MDA906-02-R-0007**  
**QUESTIONS & ANSWERS**

#17. Q: What are the call incident rates for the Customer service requirements of this solicitation? The RFP provided claims volume, but there was no information on call volumes.

A: These call volumes are not separately reported from the overall TRICARE call volumes, and are therefore not available for all regions. Only the following volumes (which represent only TRICARE For Life and not all dual eligibles) are available. We have not included earlier months because volumes had not yet stabilized after initial implementation of the TFL program, overflow volume was being handled (but not counted) by the non-TFL telephone service centers, etc.

Figures below should be considered approximate and are not official.

**Region 1:**

27,293 calls received in July 2002,  
24,872 received in August 2002

**Regions 2, 3, 4 and 5 (combined):**

10,769 calls received in July 2002,  
12,578 received in August 2002

No information is available for Region 6, Central Region, Regions 9, 10, 11 and 12, or Alaska.

In addition, the TRICARE Information Center at Falls Church, Virginia, which will continue to operate, received the following numbers of calls on their toll-free "1-888-DoD-Life" number:

88,111 in April 2002,  
78,900 in May 2002  
65,630 in June 2002  
67,892 in July 2002

#24. Q: TRICARE For Life presently acts as a supplement for services that are both TRICARE and Medicare benefits, covering any out of pocket expenses for the beneficiary. For services that are covered by TRICARE but not by Medicare or in circumstances where the Medicare benefit has been exhausted, TFL applies the standard TRICARE benefit logic to adjudicate the claim as a primary payer. Please confirm that this same benefit structure will apply under the TDEFIC and that the offerors must be able to process the full TRICARE standard benefit structure.

A: Confirmed. Please refer to Operations Manual Chapter 22 for the handling of claims where Medicare has not made payment.

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#25. Q: TFL presently accepts Medicare's certification for 'like classes' of providers (those that can be certified under both TRICARE and Medicare). Those that cannot be certified under Medicare (for example, Lead Agent waiver facilities, VA facilities) must be certified by the TDEFIC contractor. Please confirm.

A: We would expect that all providers such as you described will have already been certified by a Managed Care Support contractor, and that a provider record will already exist in the central provider file at TMA. In the unlikely event that one does not, then the TDEFIC contractor would have to initiate certification action.

#26 Q: Section B: Please provide rationale for determining claim volume estimates.

A: Please see the Government's response to Question #16.

#27 Q: Section C-3.2: Are we required to produce HCPRs or TEPRV records?

A: Only where such a record does not already exist. We would expect this to be very rare.

#28 Q: Section C-3.2: Are we required to produce HCPRs / TEPRV records for all primary pay services, or just for those provider categories that cannot be certified under Medicare?

A: Please see our responses to questions #25 and #27 above.

#29 Q: Section C-3.3.4.1: Please provide further detail on the authorization requirements for the TDEFIC contract. TFL presently considers authorizations only for inpatient mental health admissions. OPM Ch 22 Sec 3-4.3 only speaks to the current requirements; however, RFP Section C requirements paragraphs 3.3.4.1 and 3.12.1 both imply more expansive, ongoing authorization requirements.

A: The current TFL requirements have not been expanded. No additional authorizations are required.

#30 Q: OPM Ch 22 Section 3.6.1: We assume the TDEFIC contractor will apply the TRICARE Extra co-pay structure when a beneficiary obtains services from a TRICARE network provider. How will the TDEFIC contractor determine the network status of a provider? If from a Government system, please describe how frequently this data will be refreshed for the TDEFIC contractor and the access methods that will be used to obtain this information.

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A: Please see our responses to questions #9 and #23. The TMA provider file information is updated in real time as records are received. Query and/or periodic file transfer requirements can be established in the post-award transition meetings.

- #31 Q: Section C-3.8.5: The RFP speaks to providing customer service staff during "normal business hours". OPM Ch 22 Sec 4.1.1 specifies that the contractor "must provide nationwide around-the-clock toll-free telephone access to a customer service staff..." Please clarify which requirement is correct.

A: The RFP is correct. Automated access must be available around the clock. The ability to speak in real time with service staff must exist during normal business hours for the CONUS caller's time zone. We will clarify the Operations Manual language in a future change and incorporate that change via amendment.

- #32 Q: OPM Ch 22 Section 1.2.1: Do Medicare regulations permit the TDEFIC to submit claims to Medicare contractors on a beneficiary's or provider's behalf? How does the TDEFIC transfer DD2642 claims as Medicare does not recognize this form?

A: While we cannot interpret Medicare regulations on behalf of CMS, the TDEFIC contractor is not expected or required to submit claims to Medicare contractors on behalf of beneficiaries or providers.

- #33 Q: Section C-3.3.8 requires an Explanation of Benefit (EOB) that describes the action taken on each claim be provided to each beneficiary and each participating provider. With consideration of the requirements in C-3.5.6 to provide an Internet Based Claims Processing System, is it acceptable to provide electronic EOBs in lieu of paper EOBs to beneficiaries and providers who prefer an electronic method of notification?

A: We cannot make a blanket statement without details on what will be included in the electronic notification. The offeror's proposed approach to the issuance of EOBs, including any proposed alternatives to issuance and mailing of a paper EOB, should be thoroughly described in the offeror's proposal.

- #34 Q: The answer to Question 15 posted on 9/25/02 states that Option Year V is shortened to 3 months so that the total duration of the TDEFIC contract does not exceed 5 years due to SCA requirements. We are unfamiliar with any such requirements in the SCA. Can you please provide further information on the reference within the SCA?

A: Service contracts in which the Service Contract Act applied are limited to 5 years duration as prescribed by FAR subpart 22.1002-1, General, which states "under 41 U.S.C. 353(d), service contracts may not exceed 5 years."

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- #35 Q: Please describe the mechanism for receiving health care authorizations from the MCSCs. Will this be an interaction between the MCSCs and the TDEFIC contractor, or between the TDEFIC contractor and a government system?
- A: There is no requirement to receive ongoing health care authorizations from the MCSCs; only to be able to recognize and act upon any MCSC authorizations that were issued prior to TDEFIC implementation and which span contract dates.
- #36 Q: Are adjustments included in the Government's claim volume estimates?
- A: No.
- #37 Q: OPM Chapter 22 Section 4.4.1 indicates an audit sampling methodology that seems to overlap that described in RFP H-3.1.1.1. Please clarify. Will both audits be performed?
- A: No. The Operations Manual language has been changed and this change will be incorporated into the RFP via amendment of the RFP.
- #38 Q: OPM Chapter 22 Section 5.3.0 What outcomes occur if the selected contractor is not able to pass the benchmark test before the start of healthcare delivery?
- A: This would depend upon the actual circumstances and the nature, severity and scope of impact of the problem(s) identified. The consequences could range from allowing claims processing to proceed with the contractor's guarantee that they will retrospectively correct all incorrectly adjudicated claims, all the way to termination of the contract for default. Please also reference the following clauses in the RFP: Clause E-1, FAR 52.246-4, Inspection of Services - Fixed Price and Clause I.79, FAR 52.249-8, Default (Fixed Price Supply and Service.)
- #39 Q: RFP Section H-2. Please detail how the performance guarantee amounts are evaluated as a part of the offeror's proposal.
- A: Performance guarantee amounts will not be evaluated. Only the factors listed in Section M will be evaluated. If the successful offeror performs the contract requirements as they commit, performance guarantees will never be invoked.
- #40 Q: On average, how many TRICARE program modifications or changes will the TDEFIC contractor be expected to implement in a calendar year?
- A: This cannot be reliably predicted because it can be influenced by factors beyond our influence, such as legislative changes, development of new technologies which impact our coverage policies, etc. Historically, in the period September 1999 through August 2002 there were 42 changes issued to the Operations Manual, 27 to the ADP Manual, 32 to the Policy Manual, and 3 to the Reimbursement Manual, which used to be a part of the Policy Manual.

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- #41 Q: Should the effort to implement annual updates to CMAC and DRGs be included in the bid price for the TDEFIC?
- A: Yes.
- #42 Q: Will the implementation of the TRICARE Prospective Payment System apply to primary pay dual-eligible claims?
- A: Yes.
- #43 Q: L-14.5.1.2.3. To what extent will the contractor be allowed to conduct beneficiary satisfaction surveys? Will the contracting officer provide official approval for the survey? Will the government provide the contractor with any survey content?
- A: Please refer to M-5.1.2. The offeror should propose how they plan to measure satisfaction. The Government will not provide final approval of or content for inclusion in the contractor's surveys.
- #44 Q: C-3.5.2.3. – Is the nationally operated TDEFIC responsible for providing any regionally specific (i.e., North, South, West) reports? If so, please clarify what regionally specific reporting will be required.
- A: No region-specific reporting will be required.
- #45 Q: Please confirm if the contractor is required to utilize an unbundling protocol software, such as ClaimCheck, for primary pay TDE claims.
- A: All requirements of the Policy, Reimbursement, Operations and Systems manuals apply unless they are specifically waived. Unbundling detection requirements have not been waived.
- #46 Q: This question refers to the TRICARE Operations Manual (August 1, 2002). Please confirm if the first eight visits of mental health services rendered to a TDE beneficiary require an authorization.
- A: The requirement for authorization of the first eight visits has been removed from the Policy Manual. This change to the TOM will be formally incorporated into the RFP in a future amendment.
- #47 Q: Please clarify a question regarding Claim Rate Payments. In the event of an adjustment to a claim a corrected TED/HCSR record will be submitted. Under what conditions would the government not pay a claim rate for an adjustment? Is the government taking into account adjustments that are not due to contractor

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error, such as submission of late charges, corrected claims, or adjustments received from Medicare?

A: As a general rule, the government will only pay one claim rate payment per each TED ICN (internal control number) accepted by TMA, whether initial or adjustment. The circumstances which you describe might merit the payment of an additional claim rate especially if large numbers of claims required adjustment because of a systemic error not caused by the claims processor. In those circumstance, the government would consider paying a second claim rate payment on each TED ICN. However, you must receive prior written authorization from TMA, CRM (the government payment office for claim rate) before TMA would allow a second claim rate payment. In no circumstances would a claim rate be paid for correction of individual errors which have been identified via claims audit, nor for correction of systemic errors which resulted in incorrect adjudication of a class of claims, i.e., multiple claims meeting a particular set of circumstances. In the latter case, the contractor will be put on notice and corrective action will be coordinated collaboratively with TMA.

#48 Q: L-14.6.2.4.1 and L-14.6.2.6. Requires submission of first-tier subcontractor performance reports. In some cases, one of the top five accounts or top three terminated accounts may be a firm that is competing for this contract, another prime contract or major subcontract. In that circumstance, the entity providing past performance information has a clear conflict of interest. It might be in the competitive interest of the entity providing past performance information to provide a negative evaluation of the work performed. Will the government consider precluding the submission of performance reports from potential bidders in such cases? If the submission of this data is still allowed, will the government consider the nature of the adverse report and not include it in the evaluation of the proposal?

A: The data should be submitted as defined in the RFP. If the offeror wishes to make the Government aware of potential conflicts of interest and/or other factors which could color the past performance information submitted by the account, they should attach a narrative explaining their concerns. The information furnished by the account will not be excluded from consideration, but due consideration will be given to the concerns raised by the offeror in determining the credibility which will be attached to the information furnished.

#49 Q: L-14.6.2.8. This section requires submission of final reports and/or findings issued by any local, state or federal governing or regulatory/licensing body during the time period from two years prior to the submission of the past performance information. Does this requirement include final reports or findings issued by TMA?

A: No.

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#50 Q: Will the incoming TDEFIC contractor be required to adjust claims from the outgoing contractor using a converted claim record or converted TEDS/HCSR record?

A: Yes, when appropriate. For example, late charges may be submitted after the outgoing contractor has finished processing all remaining claims, or a denial by the outgoing contractor may be reversed upon appeal after the transition has been completed.

#51 Q: Please clarify the jurisdiction requirements for medical care received on a cruise ship?

A: If the vessel's initial port of embarkation was within the 50 United States or the District of Columbia, then the care received will be deemed to be within the jurisdiction of the TDEFIC contract. The patient's statement as to the initial port of embarkation is sufficient, in the absence of specific evidence to the contrary.

#52 Q: Section L-12.3, page 51 states "Offerors shall submit their anticipated organization structure fifteen calendar days prior to the submission of their proposals. This document must include the prime contractor and major first tier subcontractors. The organization structure shall include addresses and telephone numbers." This requirement is not among the documents listed in L.16, page 64. Should offerors submit their anticipated organization structure 15 days prior to submission on a CD-ROM? What level of organization detail is required for the offeror's and proposed subcontractor organizations?

A: Yes, it should be submitted on a CD-ROM. We are reluctant to prescribe a specific number of tiers, since the possibilities are nearly endless. The level of detail submitted should be sufficient to identify whether relationships are direct or indirect, on an equal partnership or superior/subordinate basis, etc. It should be detailed enough to allow a third party to recognize the parties involved and the working relationships which will be established to carry out the requirements of the statement of work. Additionally, the RFP will be amended to specify that the offeror's anticipated organization structure will be due at the same time proposals are due, as an attachment to the Technical Proposal.

#53 Q: F.4.1.13 – Is the public notification program confined to F.4.1.12, distribution of education and marketing materials? If not, what other types of public notification programs are envisioned for the TDEFIC contractor?

A: It is the distribution of education and marketing materials as you have described, as required by C-3.11.2.

#54 Q: Section F.4.1 on Pages 13, 14 and 15 refers to many reports that are to be delivered within a specific number of days prior to, or after, the start of health care delivery. Please clarify which reports are required to be submitted only once

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and which reports are specific to each regional transition and have multiple deliveries based on the different dates for the start of health care delivery in each geographic region.

A: The following reports and actions are to be submitted or accomplished only once: F-4.1.(1) through (6), (8), (11), (13), (14), (16), (18) and (19). The remainder of the items listed under F-4.1. have multiple delivery dates based upon the phase-in of the workload from the current Managed Care Support regions.

- #55 Q: Section F.4.1.12 requires education and marketing materials to be distributed prior to the start of health care delivery but it does not require any subsequent distribution. Please clarify whether this is intended to be a one-time requirement and, if it is not, what is the subsequent distribution schedule?

A: It is a one-time requirement.

- #56 Q: Section L.12.9 on Page 52 states that “Proposals will be evaluated on written and oral information presented.” However, Section M.6.1 states that “Past performance will be evaluated utilizing the information obtained from past performance documentation furnished with the proposal and information obtained from other sources.” Please reconcile the conflict between those RFP Sections and explain whether the proposal evaluation will be based solely on information presented by the contractor or whether it will be based on information obtained from other sources. If the evaluation is to be based on information obtained from other sources, what other sources are used to obtain the information and what relative scoring factors will be applied?

A: The offeror’s technical proposal will be based solely upon the written and oral information they submit. Evaluation of past performance evaluation may, at the Government’s option, include material obtained from other sources. These may include, but are not limited to, findings by other governmental agencies, published reports, unsolicited submissions from members of the public, etc. The evaluators will be required to document the degree of credibility they have assigned to a particular source along with their rationale for doing so. The RFP, L-12.9 will be amended to clarify this.

- #57 Q: Section L.14.6.2.2 on Page 60 provides that “The Government will only consider past performance within the last three years”. That sentence appears to conflict with the sentence that follows it which states that all relevant experience shall be submitted. Please clarify whether the past performance narrative and all other past performance information submitted by the offeror is restricted to the last three years, and whether the past performance rating is confined to this material.



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A: The final sentence is intended to refer to all relevant past performance within the past three years. Since the preceding sentence sets forth the three-year limit, past performance outside that period should be considered to be irrelevant.

#58 Q: We assume that the production of all TRICARE marketing and education materials will be the responsibility of the MESC. Does the TDEFIC contractor or the MESC contractor bear the costs for the delivery of these materials to the TDEFIC?

A: These costs will be the responsibility of the Marketing and Education contractor.